

Dothan Dolphins Swim Team
Spring Splash Swim Meet
April 5– 6, 2008

The meet will be conducted under the auspices of Southeastern Swimming, Inc. of United States Swimming, the rules of which will apply.

Sanctioned by Southeastern Swimming, Inc.

SANCTION #: 08SEDDST4-5

HOSTED BY: Dothan Dolphin Swim Team, www.dothandolphins.com

LOCATION: Alan J. Bohlert Indoor Pool,
James W. Grant Recreation Center,
Westgate Memorial Park
Dothan, Alabama.

FACILITIES: Indoor 8-lane, 25 yard competition pool, non-turbulent lane lines and fully automatic Colorado electronic timing system and scoreboard with lane/time/place/event/heat display. Limited bleacher seating is available. The gymnasium is available for teams to set up personal chairs. Concession stand will be available, along with a swim vendor.

RULES: 2008 USS rules will govern the conduct of the meet unless otherwise noted herein.

OFFICIALS: Meet Director: Laura Martin
Referee: Chip George
Starter: Chris Martin
Meet Marshall: Greg Faulk, Kathleen Kent

ELIGIBILITY: All participants must be USA Swimming registered athletes. Entries will not be accepted without 2007 registration numbers. Coaches and officials must present evidence of certification as required by Southeastern Swimming. A swimmer's age on the first day of the meet will determine his or her age for the entire meet.

WARM UP: **Southeastern Swimming Meet Safety Guidelines and Warm-up Procedures will be in effect at this meet.** The Meet Director will post and announce the warm-up assignments prior to the start of the meet warm-up. Swimmers attending the meet without a coach must report to the Meet Director or Referee to be assigned a coach for warm-up prior to each session.

STARTING TIMES:	<u>Warm-up</u>	<u>Competition</u>
Saturday AM:	7:00 AM	8:30 AM
Saturday PM:	Not before 11:30 AM	Not before 1:00 PM
Sunday AM:	7:00 AM	8:30 AM
Sunday PM:	Not before 11:30 AM	Not before 1:00 PM

ENTRIES: Teams who have HYTEK'S Meet/Team Manager should submit their entries on a 3-1/2" disk or by email. Email entries are preferred. Entry forms must be completely filled out including the swimmers' best times for yards. Please provide a written copy of entries for verification purposes. Disks with results will be furnished at the end of the meet.

ENTRY LIMITS: Swimmers are limited to 5 individual events per day, exclusive of relays. Entries will be limited to the first 200 swimmers per session.

ORDER OF EVENTS

(April 5)

SATURDAY MORNING

Warm up: 7:00 a.m.

Competition 8:30 a.m.

(April 6)

SUNDAY MORNING

Warm up: 7:00 a.m.

Competition 8:30 a.m.

GIRLS	EVENT	BOYS	GIRLS	EVENT	BOYS
1	8-U 100 YD. I.M.	2	65	8-U 50 YD. FREE	66
3	10 - U 100 YD. I.M.	4	67	10-U 100 YD. FREE	68
	11-12 100 YD. I.M.	5		11-12 100 YD. FREE	69
6	8-U 25 YD. FREE	7	70	8-U 25 YD. BACK	71
8	10-U 50 YD. FREE	9	72	10-U 50 YD. BACK	73
	11-12 50 YD. FREE	10		11-12 50 YD. BACK	74
11	8-U 50 YD. BACK	12	75	8-U 50 YD. BREAST	76
13	10-U 100 YD. BACK	14	77	10-U 100 YD. BREAST	78
	11-12 100 YD. BACK	15		11-12 100 YD. BREAST	79
16	8-U 25 YD. BREAST	17	80	8-U 25YD. BUTTERFLY	81
18	10-U 50 YD. BREAST	19	82	10-U 50 YD. BUTTERFLY	83
	11-12 50 YD. BREAST	20		11-12 50 YD. BUTTERFLY	84
21	8-U 50 YD. BUTTERLY	22	85	8-U 100 YD. FREE	86
23	10-U 100 YD. BUTTERFLY	24	87	10-U 200 YD. FREE	88
	11-12 100 YD. BUTTERFLY	25		11-12 200 YD. FREE	89
26	8-U 100 YD. FREE RELAY	27	90	8-U 100 YD. MEDLEY RELAY	91
28	10-U 200 YD. FREE RELAY	29	92	10-U 200 YD. MEDLEY RELAY	93
	11-12 200 YD. FREE RELAY	30		11-12 200 YD. MEDLEY RELAY	94
 SATURDAY AFTERNOON Warm-up: not before 11:30 am Competition: not before 1:00 p.m.			 SUNDAY AFTERNOON Warm-up: not before 11:30 am Competition: not before 1:00 p.m.		
31	11-12 100 YD. I.M.		95	SENIOR 200 YD. I.M.	96
32	13-14 200 YD. I.M.	33	97	11-12 200 YD. FREE	
34	SENIOR 400 YD. I.M.	35	98	13-14 200 YD. FREE	99
36	11-12 50 YD. FREE		100	SENIOR 200 YD. FREE	101
37	13-14 50 YD. FREE	38	102	11-12 50 YD. BACK	
39	SENIOR 50 YD. FREE	40	103	13-14 100 YD. BACK	104
41	11-12 100YD. BACK		105	SENIOR 100 YD. BACK	106
42	13-14 200 YD. BACK	43	107	11-12 100 YD. BREAST	
44	SENIOR 200 YD. BACK	45	108	13-14 200 YD. BREAST	109
46	11-12 50 YD. BREAST		110	SENIOR 200 YD. BREAST	111
47	13-14 100 YD. BREAST	48	112	11-12 50 YD. BUTTERFLY	
49	SENIOR 100 YD. BREAST	50	113	13-14 100 YD. BUTTERFLY	114
51	11-12 100 YD. BUTTERFLY		115	SENIOR 100 YD. BUTTERFLY	116
52	13-14 200 YD. BUTTERFLY	53	117	11-12 100 YD. FREE	
54	SENIOR 200YD. BUTTERFLY	55	118	13-14 100 YD. FREE	119
56	11-12 200 YD. FREE RELAY		120	SENIOR 100 YD. FREE	121
57	13-14 200 YD. FREE RELAY	58	122	11-12 200 YD. MEDLEY RELAY	
59	SENIOR 200 YD. FREE RELAY	60	123	13-14 200 YD. MEDLEY RELAY	124
61	13-14 500 YD. FREE	62	125	SENIOR 200 YD. MEDLEY RELAY	126
63	SENIOR 500 YD. FREE	64			

**Southeastern Swimming
Information Form for Disabled Swimmers**

NAME:		AGE:	DATE OF BIRTH:		
ADDRESS:			PHONE NUMBER:		
EVENTS ENTERED:					
EVENT:	NO.	EVENT:	NO.		
EVENT:	NO.	EVENT:	NO.		
EVENT:	NO.	EVENT:	NO.		
DESCRIBE TYPE AND EXTENT OF DISABILITY (Be specific; e.g. totally or partially blind or deaf; loss of limbs, multiple disabilities):					
THE FOLLOWING PERSONS WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE:		NAME:			
		NAME:			
SEIZURES?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	ARE YOU ON MEDICATION?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	MEDICATION/DOSE:	
MEDICATION/DOSE:	MEDICATION/DOSE:		MEDICATION/DOSE:		
PARENT OR GUARDIAN'S NAME:			PHONE NUMBER:		
PARENT OR GUARDIAN'S SIGNATURE:		ATHLETE'S SIGNATURE:			
PHYSICIAN'S NAME:			PHONE NUMBER:		
PHYSICIAN'S ADDRESS:					
I HAVE EXAMINED THE ABOVE ENTRANT AND, IN MY OPINION, THERE IS NO MENTAL OR PHYSICAL REASON WHY HE OR SHE SHOULD NOT PARTICIPATE IN USA SWIMMING COMPETITION.					

PHYSICIAN'S SIGNATURE:	DATE:
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WAIVER, ACKNOWLEDGMENT AND LIABILITY RELEASE:

I, the undersigned coach or team representative, verify that all of the **swimmers** and **coaches** listed on the enclosed entry form/team information are registered and entered into the meet in accordance and subject to USA Swimming Rules and Regulation:

501.7

.1 All Clubs, including seasonal clubs, shall ensure that all athletes and coaches participating in USA Swimming sanctioned competition(S) are members of their LSC and USA Swimming.

.2 All coaches of USA Swimming clubs, including seasonal clubs, shall join USA Swimming as coach members and shall satisfactorily complete safety training required by USA Swimming.

And as

302.4 False Registration – A host LSC may impose a fine up to \$100.00 per event against a member coach or a member club submitting a meet entry which indicates a swimmer is registered with USA Swimming when that swimmer or the listed club is not **properly** registered.

I also acknowledge that I am familiar with the rules of USA Swimming and Southeastern Swimming, Inc. regarding warm-up procedures and meet safety guidelines, and that I shall be responsible for the compliance of my team's swimmers with those rules during this meet. The Dothan Dolphins Swim Team, City of Dothan, Southeastern Swimming, Inc. and USA Swimming, their agents, officers, representatives, employees and coaches shall be free from any liability or claim for damages for any and all injuries, illnesses or damage to valuables which may be sustained at this meet or while in transit to and from this meet. I also acknowledge that by entering this meet, I am granting permission for the names of any or all of my team's swimmers to be published on the internet in the form of Psych Sheets, Meet Results or any other documents associated with the running of this meet.

I

SIGNATURE OF COACH OR CLUB OFFICIAL:	
CLUB:	
TITLE:	DATE:

TEAM INFORMATION

CLUB NAME:		INITIALS:	
ADDRESS:			
LSC:		HEAD COACH:	
CONTACT PERSON:		PHONE NUMBER:	
FAX NUMBER:		CELL PHONE:	EMAIL:
COACHES ATTENDING:	NAME		COACHES CARD EXPIRATION DATE
	1.		
	2.		
CERTIFIED OFFICIALS WHO MAY WISH TO WORK:	1.		
	2.		
	3.		
	4.		
NUMBER OF SWIMMERS ENTERED:		ATTACHED:	
		UNATTACHED:	
		TOTAL:	

SUMMARY OF FEES

NUMBER OF SWIMMERS:		X \$3.00 SES SURCHARGE =	
NUMBER OF IND. EVENTS:		X \$3.00 PER EVENT ENTRY FEE =	
NUMBER OF RELAYS:		X \$8.00 PER RELAY ENTRY FEE =	

TOTAL DUE:	
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CONSOLIDATED ENTRY FORM
 Times should be in **SHORT COURSE YARDS**

Please duplicate as needed

	EVENT #	EVENT NAME	BEST TIME	EVENT #	EVENT NAME	BEST TIME
NAME OF SWIMMER						
USS REGISTRATION NO.						
DATE OF BIRTH						
SEX						
NAME OF SWIMMER						
USS REGISTRATION NO.						
DATE OF BIRTH						
SEX						
NAME OF SWIMMER						
USS REGISTRATION NO.						
DATE OF BIRTH						
SEX						
NAME OF SWIMMER						
USS REGISTRATION NO.						
DATE OF BIRTH						
SEX						

DATE OF BIRTH	SEX						